

Fill in this information to identify your case:

Debtor 1	<b>Brian Keith Sawyer</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Rene' Whitley Sawyer</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF NORTH CAROLINA</u>			
Case number (if known)	<u>17-01282-5</u>		

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <u>269,760.00</u>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <u>269,760.00</u>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <u>182,172.24</u>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <u>451,932.24</u>

#### Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <u>272,971.73</u>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <u>272,971.73</u>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <u>0.00</u>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <u>0.00</u>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <u>231,904.92</u>
		<b>Your total liabilities</b> \$ <u>504,876.65</u>

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <u>6,425.10</u>
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <u>6,425.10</u>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <u>4,667.00</u>
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <u>4,667.00</u>

#### Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?
 

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?
 

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Debtor 1 **Brian Keith Sawyer**Debtor 2 **Rene' Whitley Sawyer\***

the court with your other schedules.

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8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<u>14,588.36</u>
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
<b>9g. Total.</b> Add lines 9a through 9f.	\$ <u>0.00</u>

Fill in this information to identify your case:

Debtor 1	<b>Brian Keith Sawyer</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Rene' Whitley Sawyer</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF NORTH CAROLINA</u>			
Case number (if known)	<u>17-01282-5</u>		

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount	
2.1	<b>Chowan County Tax Department</b> Priority Creditor's Name <b>Attn: Manager or Officer</b> <b>P. O. Box 1030</b> <b>Edenton, NC 27932</b> Number Street City State Zip Code	Last 4 digits of account number _____	\$0.00	\$0.00
		When was the debt incurred? _____		
		As of the date you file, the claim is: Check all that apply		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Type of PRIORITY unsecured claim:		
		<input type="checkbox"/> Domestic support obligations		
		<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
		<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
		<input type="checkbox"/> Other. Specify _____		

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2.2	<b>Internal Revenue Service</b> Priority Creditor's Name <b>Attn: Manager or Officer</b> <b>P. O. Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	<b>Who incurred the debt?</b> Check one.	When was the debt incurred?			
	<input type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>				
	<b>Is the claim subject to offset?</b>				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
	As of the date you file, the claim is: Check all that apply				
	<input type="checkbox"/> Contingent				
	<input type="checkbox"/> Unliquidated				
	<input type="checkbox"/> Disputed				
	<b>Type of PRIORITY unsecured claim:</b>				
	<input type="checkbox"/> Domestic support obligations				
	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government				
	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
	<input type="checkbox"/> Other. Specify _____				
2.3	<b>NC Dept of Revenue</b> Priority Creditor's Name <b>Attn: Bankruptcy Unit</b> <b>P. O. Box 1168</b> <b>Raleigh, NC 27640</b> Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	<b>Who incurred the debt?</b> Check one.	When was the debt incurred?			
	<input type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>				
	<b>Is the claim subject to offset?</b>				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
	As of the date you file, the claim is: Check all that apply				
	<input type="checkbox"/> Contingent				
	<input type="checkbox"/> Unliquidated				
	<input type="checkbox"/> Disputed				
	<b>Type of PRIORITY unsecured claim:</b>				
	<input type="checkbox"/> Domestic support obligations				
	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government				
	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
	<input type="checkbox"/> Other. Specify _____				

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?** No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

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 Debtor 2 **Rene' Whitley Sawyer**

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4.1	<b>Bank of America</b> Nonpriority Creditor's Name <b>Attn: Manager or Officer</b> <b>PO Box 26012, NC4-105-03-14</b> <b>Greensboro, NC 27410</b> Number Street City State Zip Code	Last 4 digits of account number <b>6255</b>	\$1,942.00
		When was the debt incurred? <b>Opened 10/06 Last Active 12/01/16</b>	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset?		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		
4.2	<b>Barclays Bank Delaware</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy Dept.</b> <b>P. O. Box 8803</b> <b>Wilmington, DE 19899</b> Number Street City State Zip Code	Last 4 digits of account number <b>3618</b>	\$3,244.00
		When was the debt incurred? <b>Opened 03/15 Last Active 1/05/17</b>	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset?		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		
4.3	<b>Landauer</b> Nonpriority Creditor's Name <b>Attn: Manager or Officer</b> <b>P. O. Box 809051</b> <b>Chicago, IL 60680</b> Number Street City State Zip Code	Last 4 digits of account number <b>3909</b>	\$526.55
		When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset?		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Services</b>		

Debtor 1 **Brian Keith Sawyer**  
 Debtor 2 **Rene' Whitley Sawyer**

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**17-01282-5**

4.4	<b>PNC Bank</b> Nonpriority Creditor's Name <b>Attn: Manager or Officer</b> <b>PO Box 5570 Mailstop BR-YB58-01-Cleveland, OH 44101-0570</b> Number Street City State Zip Code	Last 4 digits of account number <b>1559</b>	\$19,469.00
		When was the debt incurred? <b>Opened 09/12 Last Active 12/14/16</b>	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Credit Card</b> <input type="checkbox"/> Yes		
4.5	<b>West Town Bank &amp; Trust</b> Nonpriority Creditor's Name <b>Attn: Manager or Officer</b> <b>8450 Falls of the Neuse, Ste. 202 Raleigh, NC 27615</b> Number Street City State Zip Code	Last 4 digits of account number <b>5110</b>	\$153,447.05
		When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Unsecured Guarantee of Loan</b> <input type="checkbox"/> Yes		
4.6	<b>Xenith Bank</b> Nonpriority Creditor's Name <b>Attn: Manager or Officer/Special</b> <b>641 Lynnhaven Parkway Virginia Beach, VA 23452</b> Number Street City State Zip Code	Last 4 digits of account number <b>1167</b>	\$43,448.90
		When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>This was bought out by Gateway and has been sold to</b> <input type="checkbox"/> Yes		

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 Debtor 2 Rene' Whitley Sawyer

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4.7	Xenith Bank	Last 4 digits of account number	7807	\$9,827.42
	Nonpriority Creditor's Name			
	<b>Attn: Manager or Officer</b>			
	<b>641 Lynnhaven Parkway</b>			
	<b>Virginia Beach, VA 23452</b>			
	Number Street City State Zip Code			
	<b>As of the date you file, the claim is:</b> Check all that apply			
	<input type="checkbox"/> Who incurred the debt? Check one. Debtor 1 only <input type="checkbox"/> Contingent Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <input type="checkbox"/> Other. Specify <b>Albemarle Urgent Care Business Credit Card</b>			

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	<b>Total Claim</b>		
	6a. Domestic support obligations	6a.	\$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <b>0.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <b>0.00</b>
Total claims from Part 2	<b>Total Claim</b>		
	6f. Student loans	6f.	\$ <b>0.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <b>231,904.92</b>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <b>231,904.92</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Brian Keith Sawyer</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Rene' Whitley Sawyer`</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF NORTH CAROLINA</u>		
Case number (if known)	<u>17-01282-5</u>		

Check if this is an amended filing

**Official Form 106Dec****Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Brian Keith Sawyer

Brian Keith Sawyer  
Signature of Debtor 1

Date May 18, 2017

X /s/ Rene' Whitley Sawyer`

Rene' Whitley Sawyer`  
Signature of Debtor 2

Date May 18, 2017

Fill in this information to identify your case:

Debtor 1	<b>Brian Keith Sawyer</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Rene' Whitley Sawyer</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA		
Case number (if known)	17-01282-5		

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

- Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

##### 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No  
 Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2016 )	<input type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business	\$0.00
		<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips  <input type="checkbox"/> Operating a business
		\$28,787.60

Debtor 1 Brian Keith Sawyer  
Debtor 2 Rene' Whitley Sawyer\*

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<b>Debtor 1</b>		<b>Debtor 2</b>	
Sources of income	Gross income (before deductions and exclusions)	Sources of income	Gross income (before deductions and exclusions)
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$99,557.77	<input type="checkbox"/> Wages, commissions, bonuses, tips	\$0.00
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
<input type="checkbox"/> Wages, commissions, bonuses, tips	\$0.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$2,846.52
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
<input type="checkbox"/> Wages, commissions, bonuses, tips	\$0.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$20,196.30
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
<input type="checkbox"/> Wages, commissions, bonuses, tips	\$0.00	<input type="checkbox"/> Wages, commissions, bonuses, tips	\$7,960.00
<input type="checkbox"/> Operating a business		<input checked="" type="checkbox"/> Operating a business	
<b>For the calendar year before that: (January 1 to December 31, 2015 )</b>	<b>\$126,930.00</b>	<b>\$0.00</b>	
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips		<input type="checkbox"/> Wages, commissions, bonuses, tips	
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
<input type="checkbox"/> Wages, commissions, bonuses, tips	\$0.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$28,787.00
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
<input type="checkbox"/> Wages, commissions, bonuses, tips	\$0.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$13,963.89
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
<input type="checkbox"/> Wages, commissions, bonuses, tips	\$0.00	<input type="checkbox"/> Wages, commissions, bonuses, tips	\$7,930.00
<input type="checkbox"/> Operating a business		<input checked="" type="checkbox"/> Operating a business	

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
- Yes. Fill in the details.

<b>Debtor 1</b>		<b>Debtor 2</b>	
Sources of income	Gross income from each source (before deductions and exclusions)	Sources of income	Gross income (before deductions and exclusions)
Describe below.		Describe below.	

Debtor 1 Brian Keith Sawyer  
Debtor 2 Rene' Whitley Sawyer

Case number (if known) 17-01282-5

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

**■ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- No

- Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- No

- Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- No

- Yes. Fill in the details.

Case title	Nature of the case	Court or agency	Status of the case
------------	--------------------	-----------------	--------------------

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

- No. Go to line 11.

- Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
---------------------------	-----------------------	------	-----------------------

Debtor 1 Brian Keith Sawyer  
Debtor 2 Rene' Whitley Sawyer

Case number (if known) 17-01282-5

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
--	-------------------------------	-----------------------	-------

#### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
--	---	-------------------	------------------------

#### Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Richard C. Poole 1510 E. Arlington Blvd., Ste. B Greenville, NC 27858	Attorney fees and Costs		\$1,450.00

Debtor 1 Brian Keith Sawyer  
Debtor 2 Rene' Whitley Sawyer'

Case number (if known) 17-01282-5

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	---	-----------------------------------	-------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			
Unrelated Party	909 Cabarrus Street, Edenton, NC 27932	Seller received no proceeds from this sale, but did have to pay \$1826.11 at closing.	1/27/17
Unrelated Party	217 Hawthorne Road, Edenton, NC 27932	Debtors received \$20,022.38 at closing. Proceeds went towards paying bills, attorney fees, insurance and putting a new roof on the home.	12/9/2016
Unrelated Party	817 Cabarrus Street, Edenton, NC 27932	Debtors only received \$125.39 at closing.	1/27/17

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

#### Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

Debtor 1 Brian Keith Sawyer  
Debtor 2 Rene' Whitley Sawyer'

Case number (if known) 17-01282-5

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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#### Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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#### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

Debtor 1 Brian Keith Sawyer  
Debtor 2 Rene' Whitley Sawyer

Case number (if known) 17-01282-5

## 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No  
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

## 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
--	---	--

## 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No  
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

*/s/ Brian Keith Sawyer*Brian Keith Sawyer  
Signature of Debtor 1Date May 18, 2017*/s/ Rene' Whitley Sawyer*Rene' Whitley Sawyer  
Signature of Debtor 2Date May 18, 2017Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<b>Brian Keith Sawyer</b>
Debtor 2 (Spouse, if filing)	<b>Rene' Whitley Sawyer</b>
United States Bankruptcy Court for the: <u>Eastern District of North Carolina</u>	
Case number (if known)	<b>17-01282-5</b>

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- 3. The commitment period is 3 years.
- 4. The commitment period is 5 years.

Check if this is an amended filing

## Official Form 122C-1

### Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

- What is your marital and filing status? Check one only.
  - Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>8,644.88</u>	\$ <u>2,651.83</u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ <u>0.00</u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ <u>0.00</u>
5. Net income from operating a business, profession, or farm	Debtor 1	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from a business, profession, or farm	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>
6. Net income from rental and other real property	Debtor 1	
Gross receipts (before all deductions)	\$ <u>3,717.94</u>	
Ordinary and necessary operating expenses	-\$ <u>2,488.29</u>	
Net monthly income from rental or other real property	\$ <u>1,229.65</u>	Copy here -> \$ <u>1,229.65</u>
		\$ <u>0.00</u>

Debtor 1 Brian Keith Sawyer  
Debtor 2 Rene' Whitley Sawyer

Case number (if known)

17-01282-5

**7. Interest, dividends, and royalties****8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you .....	\$	<b>0.00</b>
For your spouse .....	\$	<b>0.00</b>

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.

\$	<b>0.00</b>	\$	<b>0.00</b>
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**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

<b>Payments received from sale of business</b>	\$	<b>0.00</b>	\$	<b>2,062.00</b>
	\$	<b>0.00</b>	\$	<b>0.00</b>
Total amounts from separate pages, if any.	<b>+ \$</b>	<b>0.00</b>	\$	<b>0.00</b>

**11. Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$	<b>9,874.53</b>	<b>+ \$</b>	<b>4,713.83</b>	= \$	<b>14,588.36</b>
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Total average monthly income

**Part 2: Determine How to Measure Your Deductions from Income****12. Copy your total average monthly income from line 11.** ..... \$ **14,588.36****13. Calculate the marital adjustment.** Check one:

- You are not married. Fill in 0 below.  
 You are married and your spouse is filing with you. Fill in 0 below.  
 You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

.....	\$	.....
.....	\$	.....
.....	<b>+\$</b>	.....
Total .....	\$	<b>0.00</b>
	Copy here=>	- <b>0.00</b>

**14. Your current monthly income.** Subtract line 13 from line 12.

\$	<b>14,588.36</b>
----	------------------

**15. Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=> ..... \$ **14,588.36**

Multiply line 15a by 12 (the number of months in a year).

**x 12**

15b. The result is your current monthly income for the year for this part of the form. ..... \$ **175,060.32**

Debtor 1  
Debtor 2**Brian Keith Sawyer**  
**Rene' Whitley Sawyer**

Case number (if known)

**17-01282-5****16. Calculate the median family income that applies to you. Follow these steps:**

16a. Fill in the state in which you live.

**NC**

16b. Fill in the number of people in your household.

**2**

16c. Fill in the median family income for your state and size of household.

\$ **55,028.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**17a.  Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).17b.  Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**18. **Copy your total average monthly income from line 11 .** \$ **14,588.36**19. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ **0.00**19b. **Subtract line 19a from line 18.**\$ **14,588.36**20. **Calculate your current monthly income for the year.** Follow these steps:20a. Copy line 19b ..... \$ **14,588.36**

Multiply by 12 (the number of months in a year).

**x 12**

20b. The result is your current monthly income for the year for this part of the form

\$ **175,060.32**

20c. Copy the median family income for your state and size of household from line 16c .....

\$ **55,028.00****21. How do the lines compare?** Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X /s/ Brian Keith Sawyer****Brian Keith Sawyer**  
Signature of Debtor 1Date **May 18, 2017**  
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

**X /s/ Rene' Whitley Sawyer****Rene' Whitley Sawyer**  
Signature of Debtor 2Date **May 18, 2017**  
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	<u>Brian Keith Sawyer</u>
Debtor 2	<u>Rene' Whitley Sawyer</u> (Spouse, if filing)
United States Bankruptcy Court for the:	<u>Eastern District of North Carolina</u>
Case number	<u>17-01282-5</u> (if known)

Check if this is an amended filing

**Official Form 122C-2**

## Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

### Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

#### 5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

**National Standards** You must use the IRS National Standards to answer the questions in lines 6-7.

- |   |    |                 |
|---|----|-----------------|
| 6. <b>Food, clothing, and other items:</b> Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.  | \$ | <u>1,083.00</u> |
| 7. <b>Out-of-pocket health care allowance:</b> Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22. |    |                 |

Debtor 1  
Debtor 2**Brian Keith Sawyer**  
**Rene' Whitley Sawyer**

Case number (if known)

**17-01282-5****People who are under 65 years of age**

7a. Out-of-pocket health care allowance per person \$ 54  
 7b. Number of people who are under 65 X 2  
 7c. **Subtotal.** Multiply line 7a by line 7b. \$ 108.00 Copy here=> \$ 108.00

**People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person \$ 130  
 7e. Number of people who are 65 or older X 0  
 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> \$ 0.00

7g. **Total.** Add line 7c and line 7f ..... \$ 108.00 Copy total here=> \$ 108.00

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

**Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:**

**■ Housing and utilities - Insurance and operating expenses****■ Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 552.00

**9. Housing and utilities - Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 965.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

**Name of the creditor****Average monthly payment****PNC Mortgage**\$ 1,500.00

9b. Total average monthly payment

\$ 1,500.00

Copy here=&gt;

-\$ 1,500.00

Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this number is less than \$0, enter \$0.

\$ 0.00

Copy here=&gt;

\$ 0.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$ 0.00

Explain why: \_\_\_\_\_

Debtor 1  
Debtor 2Brian Keith Sawyer  
Rene' Whitley Sawyer

Case number (if known)

17-01282-5

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

0. Go to line 14.

1. Go to line 12.

2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ **440.00**

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

**Vehicle 1 Describe Vehicle 1: 2013 Toyota Tacoma 53000 miles Clean Retail Value VIN # 5TFLU4EN4DX077688**

13a. Ownership or leasing costs using IRS Local Standard.....	\$ <b>471.00</b>
13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.	
To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.	
<b>Name of each creditor for Vehicle 1</b>	<b>Average monthly payment</b>
Carmax Auto Finance	\$ <b>264.81</b>
Total Average Monthly Payment	\$ <b>264.81</b>
	<b>Copy here =&gt; - \$ 264.81</b>
	Repeat this amount on line 33b.
13c. Net Vehicle 1 ownership or lease expense	
Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. ....	\$ <b>206.19</b>
	<b>Copy net Vehicle 1 expense here =&gt; \$ 206.19</b>
<b>Vehicle 2 Describe Vehicle 2:</b> _____	
13d. Ownership or leasing costs using IRS Local Standard.....	\$ <b>0.00</b>
13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.	
<b>Name of each creditor for Vehicle 2</b>	<b>Average monthly payment</b>
-NONE-	\$ _____
Total average monthly payment	\$ <b>0.00</b>
	<b>Copy here =&gt; - \$ 0.00</b>
	Repeat this amount on line 33c.
13f. Net Vehicle 2 ownership or lease expense	
Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. ....	\$ <b>0.00</b>
	<b>Copy net Vehicle 2 expense here =&gt; \$ 0.00</b>
14. <b>Public transportation expense:</b> If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the <i>Public Transportation</i> expense allowance regardless of whether you use public transportation. \$ <b>0.00</b>	
15. <b>Additional public transportation expense:</b> If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for <i>Public Transportation</i> . \$ <b>0.00</b>	

Debtor 1 Brian Keith Sawyer  
Debtor 2 Rene' Whitley Sawyer

Case number (if known)

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**Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  
Do not include real estate, sales, or use taxes. \$ 2,773.11
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 86.67
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.  
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 0.00
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 0.00
20. **Education:** The total monthly amount that you pay for education that is either required:  
 as a condition for your job, or  
 for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  
Do not include payments for any elementary or secondary school education. \$ 0.00
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  
Payments for health insurance or health savings accounts should be listed only in line 25. \$ 198.46
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. +\$ 0.00
24. **Add all of the expenses allowed under the IRS expense allowances.** Add lines 6 through 23. \$ 5,447.43

**Additional Expense Deductions** These are additional deductions allowed by the Means Test.  
Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance	\$ <u>291.02</u>
Disability insurance	\$ <u>0.00</u>
Health savings account	+ \$ <u>0.00</u>
Total	\$ <u>291.02</u>

Do you actually spend this total amount?

No. How much do you actually spend?  
 Yes \$ \_\_\_\_\_

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) \$ 0.00

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.  
By law, the court must keep the nature of these expenses confidential. \$ 0.00

Debtor 1 Brian Keith Sawyer  
Debtor 2 Rene' Whitley Sawyer

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28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$160.42\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.

\$ 0.00

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).

Do not include any amount more than 15% of your gross monthly income.

\$ 0.00

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ 291.02

#### Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

##### Mortgages on your home

Average monthly payment

33a. Copy line 9b here => \$ 1,500.00

##### Loans on your first two vehicles

33b. Copy line 13b here => \$ 264.81

33c. Copy line 13e here => \$ 0.00

33d. List other secured debts:

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

No

Yes

\$ \_\_\_\_\_

No

Yes

\$ \_\_\_\_\_

No

Yes

+ \$ \_\_\_\_\_

-NONE-

33e Total average monthly payment. Add lines 33a through 33d

\$ 1,764.81

Copy total here=>

\$ 1,764.81

Debtor 1 Brian Keith Sawyer  
Debtor 2 Rene' Whitley Sawyer

Case number (if known)

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## 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

- No. Go to line 35.
- Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
-NONE-		\$ _____	÷ 60 = \$ _____
		Total \$ <b>0.00</b>	Copy total here=> \$ <b>0.00</b>

## 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

- No. Go to line 36.
- Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims ..... \$ **0.00** ÷ 60 \$ **0.00**

## 36. Projected monthly Chapter 13 plan payment

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

\$ \_\_\_\_\_ X \_\_\_\_\_

\$ \_\_\_\_\_ Copy total here=&gt; \$ \_\_\_\_\_

## 37. Add all of the deductions for debt payment.

Add lines 33e through 36.

\$ **1,764.81**

## Total Deductions from Income

## 38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances ..... \$ **5,447.43**Copy line 32, All of the additional expense deductions ..... \$ **291.02**Copy line 37, All of the deductions for debt payment ..... +\$ **1,764.81**Total deductions ..... \$ **7,503.26** Copy total here=> \$ **7,503.26**

Debtor 1 Brian Keith Sawyer  
Debtor 2 Rene' Whitley Sawyer

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**Part 2:** Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. Copy your total current monthly income from line 14 of Form 122C-1, *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period*. \$ **14,588.36**
40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ **0.00**
41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ **2,088.49**
42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => \$ **7,503.26**
43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

**Describe the special circumstances****Amount of expense**

\$ _____
\$ _____
\$ _____

Total \$ **0.00** Copy here=> \$ **0.00**

44. Total adjustments. Add lines 40 through 43. => \$ **9,591.75** Copy here=> -\$ **9,591.75**

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. \$ **4,996.61**

**Part 3:** Change in Income or Expenses

46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input checked="" type="checkbox"/> 122C-1		Debtors have either sold and/or surrendered their rental properties and they will no longer be receiving income from the rentals.	3/15/17	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	\$ <b>1,229.65</b>
<input type="checkbox"/> 122C-2	<b>2</b>	Payments being received from the sale of the business will cease.	May, 2018	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	\$ <b>2,062.00</b>
<input type="checkbox"/> 122C-1			December, 2016	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	\$ <b>1,075.00</b>
<input checked="" type="checkbox"/> 122C-2	<b>2</b>	Office Closed		<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	\$ <b>1,075.00</b>
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	\$ <b>1,075.00</b>
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease	\$ <b>1,075.00</b>

Debtor 1 **Brian Keith Sawyer**  
Debtor 2 **Rene' Whitley Sawyer**

Case number (if known)

**17-01282-5**

**Part 4: Sign Below**

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

**/s/ Brian Keith Sawyer**

**Brian Keith Sawyer**

Signature of Debtor 1

Date **May 18, 2017**

MM / DD / YYYY

**/s/ Rene' Whitley Sawyer**

**Rene' Whitley Sawyer**

Signature of Debtor 2

Date **May 18, 2017**

MM / DD / YYYY

Debtor 1 Brian Keith Sawyer  
Debtor 2 Rene' Whitley Sawyer

Case number (if known)

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**Current Monthly Income Details for the Debtor****Debtor Income Details:**

Income for the Period 09/01/2016 to 02/28/2017.

**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**

Source of Income: Employer : Simpson Strong Tie

Constant income of \$8,644.88 per month.\*

**Line 6 - Rent and other real property income**

Source of Income: Rental Income

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	09/2016	\$3,672.04	\$1,734.85	\$1,937.19
5 Months Ago:	10/2016	\$4,569.34	\$2,148.85	\$2,420.49
4 Months Ago:	11/2016	\$3,626.64	\$2,384.85	\$1,241.79
3 Months Ago:	12/2016	\$2,717.64	\$2,278.37	\$439.27
2 Months Ago:	01/2017	\$7,722.00	\$6,382.84	\$1,339.16
Last Month:	02/2017	\$0.00	\$0.00	\$0.00
Average per month:		\$3,717.94	\$2,488.29	
Average Monthly NET Income:				\$1,229.65

Debtor 1  
Debtor 2

Brian Keith Sawyer  
Rene' Whitley Sawyer

Case number (if known)

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## Current Monthly Income Details for the Debtor's Spouse

### Spouse Income Details:

Income for the Period **09/01/2016** to **02/28/2017**.

#### **Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**

Source of Income: **Employer : Albemarle Urgent Care, Inc.**

Constant income of **\$1,633.33** per month.\*

#### **Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**

Source of Income: **Employer : Welcome Home Realty(United Co**

Constant income of **\$1,018.50** per month.\*

#### **Line 10 - Income from all other sources**

Source of Income: **Payments received from sale of business**

Income by Month:

6 Months Ago:	<b>09/2016</b>	<b>\$2,062.00</b>
5 Months Ago:	<b>10/2016</b>	<b>\$2,062.00</b>
4 Months Ago:	<b>11/2016</b>	<b>\$2,062.00</b>
3 Months Ago:	<b>12/2016</b>	<b>\$2,062.00</b>
2 Months Ago:	<b>01/2017</b>	<b>\$2,062.00</b>
Last Month:	<b>02/2017</b>	<b>\$2,062.00</b>
Average per month:		<b>\$2,062.00</b>

Debtor 1 Brian Keith Sawyer  
Debtor 2 Rene' Whitley Sawyer

Case number (if known) 17-01282-5

**\*Paycheck Details:****Simpson Strong Tie**

Date	Earnings	Overtime	Taxes	Other	Net Check
2016-09-01	1,519.36	0.00	435.92	468.08	615.36
2016-09-08	1,559.38	0.00	436.35	511.46	611.57
2016-09-15	1,599.43	0.00	436.86	511.68	650.89
2016-09-22	1,639.43	0.00	436.02	511.24	692.17
2016-09-29	1,679.43	0.00	436.01	511.24	732.18
2016-10-06	1,719.43	0.00	436.02	511.24	772.17
2016-10-13	1,518.37	0.00	456.20	247.87	814.30
2016-10-24	1,800.45	0.00	738.71	0.00	1,061.74
2016-10-27	1,846.45	0.00	557.13	548.01	741.31
2016-11-03	1,886.45	0.00	435.92	482.08	968.45
2016-11-10	2,072.07	0.00	577.67	474.84	1,019.56
2016-11-17	1,979.47	0.00	557.14	577.79	844.54
2016-11-22	2,206.97	0.00	627.30	616.26	963.41
2016-11-23	2,019.47	0.00	436.01	511.85	1,071.61
2016-11-30	1,969.79	0.00	475.89	533.78	960.12
2016-12-08	2,111.47	0.00	636.96	621.71	852.80
2016-12-15	2,157.47	0.00	557.14	577.74	1,022.59
2016-12-29	2,250.99	0.00	511.31	555.93	1,183.75
2017-01-05	1,628.27	0.00	435.14	511.85	681.28
2017-01-12	2,180.25	0.00	616.72	611.21	952.32
2017-01-19	100.00	0.00	0.00	0.00	100.00
2017-01-19	2,309.18	0.00	655.16	634.41	1,019.61
2017-01-26	2,337.48	0.00	664.82	639.51	1,033.15
2017-02-01	2,144.34	0.00	742.10	0.00	1,402.24
2017-02-02	2,274.59	0.00	740.37	633.67	900.55
2017-02-09	1,804.16	0.00	424.86	548.99	830.31
2017-02-16	1,877.12	0.00	445.00	525.79	906.33
2017-02-23	1,678.00	0.00	445.62	526.37	706.01
Totals:	51,869.27	0.00	14,354.35	13,404.60	24,110.32

**Albemarle Urgent Care, Inc.**

Date	Earnings	Overtime	Taxes	Other	Net Check
2016-09-02	1,200.00	0.00	268.98	120.00	811.02
2016-09-16	1,200.00	0.00	268.98	120.00	811.02
2016-09-30	1,200.00	0.00	268.98	120.00	811.02
2016-10-14	1,200.00	0.00	293.98	0.00	906.02
2016-10-28	1,000.00	0.00	236.68	512.40	250.92
2016-11-10	1,000.00	0.00	236.68	0.00	763.32
2016-11-25	1,000.00	0.00	236.68	0.00	763.32
2016-12-09	1,000.00	0.00	236.68	0.00	763.32
2016-12-23	1,000.00	0.00	236.68	0.00	763.32
Totals:	9,800.00	0.00	2,284.32	872.40	6,643.28

**Welcome Home Realty(United Country Dowd)**

Date	Earnings	Overtime	Taxes	Other	Net Check
2017-01-19	3,960.00	0.00	0.00	723.51	3,236.49
2017-02-01	2,151.00	0.00	0.00	0.00	2,151.00
Totals:	6,111.00	0.00	0.00	723.51	5,387.49

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NORTH CAROLINA

IN RE:

Brian Keith Sawyer  
Rene' Whitley Sawyer

CASE NO: 17-01282-5

Debtor (in a joint case, "debtor  
shall include "debtors")

CHAPTER 13 PLAN - AMENDED

The format of this chapter 13 plan has been approved by the bankruptcy judges for the Eastern District of North Carolina.

**CONFIRMATION PROCESS:** Before a plan is confirmed, the chapter 13 trustee will file a separate Motion and Notice for Confirmation that will be served on all creditors. The trustee's Motion and Notice for Confirmation may incorporate some or all of the terms of the debtor's proposed plan, and will state the date by which objections to confirmation must be filed with the court. Any objections to confirmation must state with particularity the grounds for the objection.

**The rights of creditors may be affected if the plan is confirmed, and creditors should carefully read the plan.**

**PROOF OF CLAIM:** A creditor's claim will not be allowed or paid unless a proof of claim is filed by or on behalf of the creditor. Only allowed claims will receive a distribution from the chapter 13 trustee. Confirmation of a plan does not preclude the debtor, trustee or a party in interest from filing an objection to a claim.

**PRE-CONFIRMATION ADEQUATE PROTECTION PAYMENTS:** Pre-confirmation adequate payments required by 11 U.S.C. § 1326(a)(1) that are to be made through the chapter 13 trustee pursuant to Local Rule 3070-1(b) shall be disbursed by the trustee in accordance with the trustee's customary distribution process. A creditor will not receive a pre-confirmation adequate protection payment unless the creditor timely files a proof of claim.

**INFORMATION ABOUT THE DEBTOR:** The debtor's Current Monthly Income as defined in 11 U.S.C. § 101(10A) is ABOVE  /  BELOW (designate one) the applicable state median income.

The debtor's projected disposable income as referred to in 11 U.S.C. § 1325(b)(1)(B) is \$ 4,996.61

The amount referred to in 11 U.S.C. § 1325(a)(4) that would be paid to unsecured claims if the debtor's estate were liquidated in a case under chapter 7 of title 11 is \$ 23077.77. The "liquidation test" has been computed as follows:

Asset (Real Property, Auto, Other)	Liquidation Value Net of Security Interest
<b>920 Soundside Road Edenton, NC 27932 Chowan County Debtors' Home</b>	<b>0.00</b>
<b>113 Morris Circle Edenton, NC 27932 Chowan County Rental Property</b>	<b>0.00</b>
<b>2013 Toyota Tacoma 53000 miles Clean Retail Value VIN # 5TFLU4EN4DX077688</b>	<b>0.00</b>
<b>2010 Toyota Prius 196,000 miles Clean Retail Value VIN # JTDFN3DUXA5119428</b>	<b>0.00</b>
<b>1997 WESC Jon Boat Trailer</b>	<b>0.00</b>
<b>2005 Carr Utility Trailer VIN# 4YMUL0</b>	<b>0.00</b>

Asset (Real Property, Auto, Other)	Liquidation Value Net of Security Interest
<b>1994 John Boat 16' 25HP Johnson</b>	<b>0.00</b>
<b>Small Kitchen Appliances</b>	<b>0.00</b>
Oven	0.00
Refrigerator	0.00
Freezer	0.00
Washer and dryer	0.00
China and Silver	0.00
Living Room Furniture	0.00
Dining Room Furniture	0.00
Bedroom Furniture	0.00
Lawn Furniture	0.00
Two televisions	0.00
Riding Lawn Mower	0.00
Two Bows and Arrows	0.00
<b>1 45 Springfield Armory, 45' Cig Sour, 38 Special</b>	<b>0.00</b>
Debtors' Clothing	0.00
Cash	0.00
Checking: PNC Checking	0.00
Checking: SECU Rene	0.00
Checking: SECU Brian	0.00
Savings: PNC	0.00
Savings: SECU	2,860.03
401(k): Milliman, Inc.	0.00
<b>Simpson Manufacturing Co., Inc. 401(k) Profit Sharing Plan</b>	
Debtor is receiving installments of \$2062.00 from the sale of Albemarle Urgent Care. These proceeds will cease with the last payment of being May, 2018.	25,047.00

### PLAN TERMS PROPOSED BY DEBTOR

#### 1. PAYMENTS AND LENGTH OF PLAN

The debtor shall make payments to the trustee in the aggregate amount of \$ 42,420.00, which shall be payable as follows (state amount of monthly payment and the number of months to be paid): \$707.00 per month for 60 months.

#### 2. PAYMENT OF DEBTOR'S BASE ATTORNEY'S FEES

The balance of the debtor's attorney's base fee to be paid through the plan is \$ 4,000.00 (representing a base fee of \$ 5,000.00 less the amount of \$ 1,000.00 which has already been paid).

#### 3. PAYMENT OF SECURED CLAIMS (PAID THROUGH THE PLAN)

The secured claims to be paid through the plan are listed in the chart at the end of this paragraph. The allowed amounts of the secured claims will be limited to the amounts stated in the column "Amount of Secured Claim to be Paid," which will be paid with interest at the rate shown in the chart. Distributions will be made by the trustee to the holders of secured claims over the duration of the plan as stated in Paragraph 1, and shall be subject to the disbursements for attorney's fees as set forth in Local Rule 2016-1. Unless otherwise ordered by the court, the amount of a creditor's claim in excess of the allowed amount of the secured claim shall be a general unsecured claim.

Creditor	Collateral Description	910/ 365 Claim under § 1325(a) ? Y/N	Amount of Claim	Collateral Value	Amount of Secured Claim to be Paid	Int. Rate	If Entitled to §1326 PMSI Adeq. Prot. Pymt. Specify Amt. of Pymt.	Est. Mo. Pymt.

Creditor	Collateral Description	910/ 365 Claim under § 1325(a) ? Y/N	Amount of Claim	Collateral Value	Amount of Secured Claim to be Paid	Int. Rate	If Entitled to §1326 PMSI Adeq. Prot. Pymt. Specify Amt. of Pymt.	Est. Mo. Pymt.
-NONE-								

#### 4. PROPERTY TO BE SURRENDERED TO SECURED CREDITORS

The Debtor Will Surrender The Collateral Listed In The Chart At The End Of This Paragraph. Upon confirmation of the plan, the automatic stay and, if applicable, the codebtor stay, will terminate with respect to the surrendered collateral. No claim for a deficiency will be allowed unless it is filed within 180 days after confirmation of the plan, and no distribution will be made to an affected secured creditor unless the secured creditor has given the debtor credit and reduced its claim to account for the surrendered collateral.

Creditor	Collateral Description
Americano Beach Results	Americano Beach Rwsort Maintenance Fees
First Data Merchant Services	UNKNOWN DEBT
West Town Bank & Trust	113 Morris Circle Edenton, NC 27932 Chowan County Rental Property
Xenith Bank	This was bought out by Gateway and has been sold to

#### 5. CURING DEFAULTS

Pursuant to 11 U.S.C. § 1322(b)(3) and/or (5), the pre-petition defaults listed in the chart at the end of this paragraph will be cured through the plan in full with interest, if any, at the rate specified in the chart. The amount of the arrearage in the chart is an estimation and the amount of the arrearage, unless otherwise ordered by the court, shall be determined by the amount stated in the creditor's proof of claim. After the arrearage, as stated in the proof of claim or as otherwise determined by the court, has been paid through the plan, all pre-petition defaults shall be deemed to be cured, the debtor's obligation shall be deemed to be current as of the date of the petition, the secured creditor shall have no right to recover any amount alleged to have arisen prior to the filing of the petition, and the secured creditor may not declare a default of the note, mortgage or other loan document based upon a pre-petition default.

Creditor	Collateral Description	Estimated Amount of Arrearage	Interest to be Paid on Arrearage (0% if none specified)
-NONE-			

#### 6. SECURED CLAIMS TO BE PAID DIRECTLY TO CREDITORS BY DEBTOR

The following secured claims shall be paid by the debtor directly to the secured creditors according to the contractual terms of the secured claims:

Creditor	Collateral Description
Carmax Auto Finance	2013 Toyota Tacoma 53000 miles Clean Retail Value VIN # 5TFLU4EN4DX077688
PNC Mortgage	920 Soundside Road Edenton, NC 27932 Chowan County Debtors' Home

#### 7. PRE-PETITION DOMESTIC SUPPORT OBLIGATIONS

The following arrearage claims for pre-petition domestic support obligations as defined in 11 U.S.C. §101(14A) shall be paid in full through this plan pursuant to 11 U.S.C. §507(a)(1) unless the domestic support obligation claimant agrees to a different treatment or the court orders otherwise:

Creditor	Collection Agency	Amount of Arrearage
-NONE-		

The debtor shall directly pay all ongoing domestic support obligations that become due after the filing of the petition.

## **8. PRIORITY CLAIMS (EXCLUDING DOMESTIC SUPPORT OBLIGATIONS)**

The following claims that are entitled to priority pursuant to 11 U.S.C. §507 shall be paid in full through this plan unless the claimant agrees to a different treatment or the court orders otherwise:

Creditor	Type of Priority	Amount of Priority Claim
<b>Chowan County Tax Department</b>	<b>Taxes and certain other debts</b>	<b>\$0.00</b>
<b>Internal Revenue Service</b>	<b>Taxes and certain other debts</b>	<b>\$0.00</b>
<b>NC Dept of Revenue</b>	<b>Taxes and certain other debts</b>	<b>\$0.00</b>

## **9. EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Executory contracts and leases that are being assumed shall be paid directly by the debtor according to the contractual terms of the executory contract or lease . Pre-petition defaults listed in the chart at the end of this paragraph will be cured through the plan. The amount of the arrearage in the chart is an estimation and the amount of the arrearage, unless otherwise ordered by the court, shall be determined by the amount stated in the creditor's proof of claim. After the arrearage, as stated in the proof of claim, has been paid through the plan, all pre-petition defaults shall be deemed to be cured, the debtor's obligation shall be deemed to be current as of the date of the petition, the lessor or party to the executory contract shall have no right to recover any amount alleged to have arisen prior to the filing of the petition, and the lessor or party to the executory contract may not declare a default of the lease or contract based upon a pre-petition default. Claims arising from the rejection of executory contracts and leases shall be general unsecured claims.

Lessor/Creditor	Subject of Lease/Contract	To be Assumed, Rejected, or other Treatment	Amount of Arrearage	Term of Cure (Months)
-NONE-				

## **10. CO-DEBTOR AND OTHER SPECIALLY CLASSIFIED UNSECURED CLAIMS**

The following claims, if allowed, shall be paid as specially classified unsecured claims and shall receive the following designated treatment:

Creditor	Amount of Debt Specially Classified	Treatment of Claim
-NONE-		

## **11. GENERAL UNSECURED CLAIMS**

General unsecured claims shall be paid through the plan pro rata to the extent that funds are available after disbursements are made to pay secured claims, arrearage claims, priority claims, and other specially classified claims.

## **12. DISCHARGE**

Subject to the requirements, conditions and limitations provided in 11 U.S.C. §1328, and unless the court approves a written waiver of discharge executed by the debtor, the court shall, as soon as practicable after completion by the debtor of all payments under the plan, grant the debtor a discharge of all debts provided for by the plan or that are disallowed under 11 U.S.C.§ 502.

## **13. OTHER PLAN PROVISIONS**

A. Lien Retention. Holders of allowed secured claims shall retain the liens securing their claims to the extent provided by 11 U.S.C.§ 1325(a)(5)(B)(i).

B. Vesting of Property of the Estate. Property of the estate shall vest in the debtor pursuant to 11 U.S.C. § 1327(b) unless this box is checked , in which event property of the estate shall remain property of the estate after confirmation of the plan.

Except as otherwise provided, property of the estate and property that vests in the debtor upon confirmation shall remain in the possession and control of the debtor, and the trustee shall have no liability arising out of the property or its retention or use by the debtor. The debtor's use of the property shall be subject to the requirements of 11 U.S.C. §363, all other provisions of title 11, the Federal Rules of Bankruptcy Procedure and the Local Rules of this court.

C. Creditor Notices When Debtor to Make Direct Payments. Secured Creditors, lessors and parties to executory contracts that will be paid directly by the debtor may send standard payment notices to the debtor without violating the automatic stay.

D. Rights of Debtor and Trustee to Avoid Liens and to Recover Transfers. Confirmation of the plan shall not prejudice the rights of the debtor or the trustee to bring actions to avoid liens or to avoid and recover transfers. Actions to avoid liens or to avoid and recover transfers must be initiated by separately filed motions or complaints.

E. Other Provisions of the Plan:

(Please attach additional pages as necessary)

Date May 18, 2017

Signature /s/ Brian Keith Sawyer  
**Brian Keith Sawyer**  
Debtor

Date May 18, 2017

Signature /s/ Rene' Whitley Sawyer`  
**Rene' Whitley Sawyer`**  
Joint Debtor

**United States Bankruptcy Court  
Eastern District of North Carolina**

In re **Brian Keith Sawyer  
Rene' Whitley Sawyer`**

Debtor(s)

Case No. **17-01282-5**  
Chapter **13**

**VERIFICATION OF CREDITOR MATRIX - AMENDED**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: May 18, 2017

/s/ Brian Keith Sawyer

**Brian Keith Sawyer**

Signature of Debtor

Date: May 18, 2017

/s/ Rene' Whitley Sawyer`

**Rene' Whitley Sawyer`**

Signature of Debtor

Americano Beach Results  
Attn: Manager or Officer  
1260 North Atlantic Avenue  
Daytona Beach, FL 32118

PNC Bank  
Attn: Manager or Officer  
PO Box 5570 Mailstop BR-YB58-01-  
Cleveland, OH 44101-0570

Bank of America  
Attn: Manager or Officer  
PO Box 26012, NC4-105-03-14  
Greensboro, NC 27410

PNC Mortgage  
Attn: Manager or Officer  
P. O. Box 8703  
Dayton, OH 45401

Barclays Bank Delaware  
Attn: Bankruptcy Dept.  
P. O. Box 8803  
Wilmington, DE 19899

West Town Bank & Trust  
Attn: Manager or Officer  
320 N. Meridian, Suite 1011  
Indianapolis, IN 46204

Carmax Auto Finance  
Attn: Manager or Officer  
P. O. Box 440609  
Kennesaw, GA 30160

West Town Bank & Trust  
Attn: Manager or Officer  
8450 Falls of the Neuse, Ste. 202  
Raleigh, NC 27615

Chowan County Tax Department  
Attn: Manager or Officer  
P. O. Box 1030  
Edenton, NC 27932

Xenith Bank  
Attn: Manager or Officer/Special  
641 Lynnhaven Parkway  
Virginia Beach, VA 23452

First Data Merchant Services  
Attn: Manager or Officer  
5565 Glenridge Connector, Ste. 2000  
Atlanta, GA 30342

Xenith Bank  
Attn: Manager or Officer  
641 Lynnhaven Parkway  
Virginia Beach, VA 23452

Internal Revenue Service  
Attn: Manager or Officer  
P. O. Box 7346  
Philadelphia, PA 19101-7346

Landauer  
Attn: Manager or Officer  
P. O. Box 809051  
Chicago, IL 60680

NC Dept of Revenue  
Attn: Bankruptcy Unit  
P. O. Box 1168  
Raleigh, NC 27640